

# Oregon Educators Benefit Board Benefits Information Exchange (BIE)

July 22, 2013

# Getting Started

- Primary Dial-In: 1-800-689-9374
- Place your number in the Call Me area.
- ***The best method to interact with iLinc is to enter your phone number and have iLinc call you.***
- If not using iLinc Dial: 1-800-689-9374
- Participant Passcode: 243789



**Oregon Educators Benefit Board**  
**Benefits Information Exchange (BIE)**  
Monday, July 22, 2013 – 2:30 p.m. to 4:00 p.m.  
Department of Administrative Services – East Location  
PEBB/OEBB Boardroom  
1225 Ferry Street SE, Salem, Oregon



This meeting will be conducted using an online webinar service, iLinc.  
Use this link to log into the meeting:

<https://oregonconnect.ilinc.com/join/szwspkh>

**After logging in, enter your phone number and use the “CALL ME” audio option. You may experience difficulties if you choose “Internet Audio”.**

**AGENDA**



- I. 2:30 p.m. – 2:40 p.m. **Welcome / Introductions / iLinc Assistance**

*Mary French, Benefits Data Analyst*  
*Jackie Cowsill, Communications Coordinator*

- II. 2:40 p.m. – 2:50 p.m. **Board Meeting Recap**
  - July 11, 2013 meeting

*Heidi Williams, Director of Operations*

- III. 2:50 p.m. – 3:00 p.m. **Communications Update**
  - Open Enrollment materials – samples online  
[www.oregon.gov/oha/OEBB/entity/Pages/eeResources.aspx](http://www.oregon.gov/oha/OEBB/entity/Pages/eeResources.aspx)
  - Form revisions in progress

*Jackie Cowsill*

IV. 3:00 p.m. – 3:10 p.m.

**Systems Update**

*Linda Freeze, Benefits Manager*

V. 3:10 a.m. – 3:20 a.m.

**HRA/HSA Guidance – Attachments 1 & 2**

- FAQs on website

[www.oregon.gov/oha/OEBB/docs/FAQs/FAQ\\_HRA\\_HSA\\_071613.pdf](http://www.oregon.gov/oha/OEBB/docs/FAQs/FAQ_HRA_HSA_071613.pdf)

- OAR Chapter 111, Division 10, Rule

[www.oregon.gov/oha/OEBB/docs/MeetingAttachments/2013/Attachment5a.pdf](http://www.oregon.gov/oha/OEBB/docs/MeetingAttachments/2013/Attachment5a.pdf)

*Denise Hall, Deputy Administrator*

VI. 3:20 p.m. – 3:50 p.m.

**Report Review – Attachment 3**

- Focus on Open Enrollment Report
- No\_Medical\_Dental\_or\_Vision\_2013
- Subscriber Open Enrollment Activity
- Subscriber Lock Out
- Entity Beneficiary Report

*Mary French*

VII. 3:50 p.m. – 4:00 p.m.

**Future Meeting Topics and Other Business**

*Jackie Cowsill*

VIII. 4:00 p.m.

**Adjourn**

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## OEBB

### FAQs Regarding HRAs and HSAs

Following are some questions OEBB has received from educational entities regarding HRAs and HSAs. OEBB does not offer an HRA option and cannot provide guidance to entities on HRAs, in general, but will clarify how HRAs can be used under the OEBB benefits program. Please consult with your legal advisor or other party you may contract with for HRA administration and/or guidance.<sup>1</sup>

**Q:** What are the different plan design options under health reimbursement arrangements (HRAs)?

**A:** There are numerous HRA design options:

Integrated HRA is a recently coined phrase whose definition is still being worked out by the federal agencies implementing federal healthcare reform. Basically, an HRA that provides benefits to employees is *integrated* if the member enrolled in the HRA is also enrolled in the employer-sponsored medical plan that complies with healthcare reform requirements (e.g., the employer-sponsored medical plan does not have an annual limit on essential health benefits). The HRA will need to be integrated with a medical plan because the health care reform law prohibits group health plans from establishing “lifetime limits on the dollar value of benefits for any participant or beneficiary.” In essence, HRAs are account-based benefits which by their nature impose upper limits on the dollar value of benefits. Thus, absent *integration* with a group health plan that satisfies the annual limit requirements or some other exception, HRAs covering essential health benefits will no longer be permitted as of January 1, 2014. However, at that time an HRA will be able to offer various levels of coverage, including, but not limited to:

- Limited purpose HRA plan design allowing reimbursement of only standard dental, vision, and orthodontia expenses (note that a limited purpose HRA that provides only limited-scope dental or vision benefits will not be subject to the annual limit rules and thus would not need to be “integrated” with a medical plan).
- Post-deductible HRA plan design reimbursing expenses up to a certain amount only after the participant has met their annual deductible.

Post-separation/retiree HRA is an HRA that provides benefits only after the employee separates/retires. Retiree-only HRAs are excepted from some of the federal healthcare reform mandates—including the annual and lifetime limit requirements – and so do not have to be “integrated” with an employer-sponsored medical plan that complies with healthcare reform requirements. No amount of coverage is required, but coverage generally fits within the following broadly defined levels:

- General purpose retiree HRA plan design allowing reimbursement of all IRS qualified expenses after separation/retirement.
- Limited purpose HRA plan design allowing reimbursement of only standard dental, vision, and orthodontia expenses after separation/retirement.

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<sup>1</sup> Caution: Nothing contained in these FAQs is to be considered as the rendering of legal advice for specific cases, and readers are responsible for obtaining such advice from their own counsel. These FAQs are intended for informational purposes only.

Premium only HRA is an HRA that allows participants to be reimbursed only for insurance premiums paid on an after-tax basis, where no ability to pay the premium on a pre-tax basis is available.

Non-integrated (a.k.a., Stand-alone) HRA is an HRA that provides reimbursement of all IRS qualified medical, dental and vision expenses for employees not enrolled in the employer-sponsored medical plan. Non-integrated HRAs are considered a Benefit Plan. Subject to only a few exceptions found in ORS 243.886, OEBB has exclusive authority to provide Benefit Plans to educational entities. Therefore, unless an exception applies, entities should not be providing or offering non-integrated or standalone general purpose HRAs. NOTE: Based on limited guidance available from the federal agencies regulating healthcare reform, this type of HRA will no longer be allowed beginning in January 2014 (see next question).

**Q:** Our district allows employees to opt out of medical through OEBB if they are covered by their spouse's group health plan and receive a contribution to an HRA. Will this satisfy the requirements of Section 2711 of the Public Health Service Act (PHSA)?

**A:** According to the latest available guidance from the federal agencies regulating healthcare reform, under Section 2711 of the Public Health Service Act (PHSA) HRAs that are not integrated with an employer-sponsored group medical plan (i.e., an OEBB medical plan available through the specific entity) could be subject to penalties under the PHSA as early as January 2014.

Under the OEBB administrative rules, the employee must be covered as the primary subscriber under the OEBB medical plan for a general purpose HRA to be considered "integrated." OEBB is monitoring guidance from the federal agencies and will consider revising its rules if warranted by further guidance from the federal agencies. Here is the federal FAQ this requirement is based on:

*Q: If an employee is offered coverage that satisfies Section 2711 of the Public Health Service Act (PHSA), but does not enroll in that coverage, may an HRA provided to that employee be considered integrated with the coverage and therefore satisfy the requirements of PHS Act section 2711?*

*A: No. The Departments intend to issue guidance under Section 2711 of the PHSA providing that an employer-sponsored HRA may be treated as integrated with other coverage only if the employee receiving the HRA is actually enrolled in that coverage. Any HRA that credits additional amounts to an individual when the individual is not enrolled in primary coverage meeting the requirements of PHS Act section 2711 provided by the employer will fail to comply with PHS Act section 2711.(emphasis added)*

- Q:** Can an employee opt out of OEBB medical coverage and receive a contribution to an HRA if the employee can show proof of other group coverage in OEBB?
- A:** Not at this time, given the available guidance from the federal agencies. OEBB currently understands Section 2711 of the Public Health Service Act (PHSA) to require that an employee be covered as the primary member under the employer's medical plan for the HRA to be considered integrated. Consequently, OEBB's rules require that the employee be covered as the subscriber and not as a dependent under an OEBB medical plan for the HRA to be considered integrated with an OEBB medical plan. OEBB is monitoring the available guidance from the federal agencies and may update its rules if warranted by federal regulations as they are adopted.
- Q:** We've heard that effective January 1, 2014, a non-integrated active employee HRA may be subject to penalties under Section 2711 of the PHSA. What are the penalties?
- A:** Pursuant to 42 USC § 300gg-22, the federal penalty for non-compliance with Section 2711 of the PHSA can be \$100 per day, per employee participating in the non-integrated active employee HRA. There are some limits on the total penalties based on circumstances.
- Q:** Can an employee enroll in Moda Health Plan H if the entity will contribute to a limited purpose HRA?
- A:** A limited purpose HRA can only reimburse for standard dental, vision and orthodontia expenses. If this (or any other tax-advantaged benefit or HSA eligibility requirement) does not result in an employee not being qualified to contribute to a health savings account (HSA), the entity may be able to make a contribution on behalf of the employee. Please check with your legal advisor for further guidance on this topic. The employee must qualify for and contribute to an HSA during the 2013-14 plan year to enroll in Moda Health Plan H.
- Q:** Can an employee enroll in Moda Health Plan H, qualify for and contribute to a health savings account (HSA), and also use a health care flexible spending account (FSA)?
- A:** For an employee to qualify for and contribute to a health savings account (HSA), he or she cannot participate in an FSA (through his or her employment or a spouse's employment) unless the FSA is a limited FSA (allows reimbursement of dental and/or vision expenses only) or is a dependent care FSA.
- Q:** If an employee is eligible for Medicare, is the employee eligible to contribute to a health savings account (HSA) and enroll in Moda Health Plan H?
- A:** It depends. If an employee is eligible for Medicare, then he or she is sometimes automatically enrolled in Medicare (e.g., individuals who are receiving Social Security benefits). If enrolled in

Medicare, a person cannot contribute to a health savings account (HSA). Therefore, the employee that is enrolled in Medicare (Parts A, B and/or D) is not eligible to enroll in Moda Health Plan H.

**Q:** Is Moda Health Plan G prescription coverage considered creditable for Medicare?

**A:** Yes, the prescription coverage under all of the OEBB medical plans (Kaiser Plans 1 and 2 and Moda Health Plans A-H) is considered creditable coverage for Medicare. “Creditable coverage” is defined as prescription drug coverage through an insurer (such as an employer, former employer, or union) that, on average, pays out at least as much as the standard coverage available through a Medicare prescription drug plan.

**Q:** Can our entity elect to offer an HRA with Kaiser Plans 1 or 2 and/or Moda Health plans A-G and also offer Plan H to the same employee group for those employees that prefer having a health savings account (HSA)?

**A:** Yes. Plan H was not automatically populated for any employee group if an entity identified that it offers or uses an HRA. However, OEBB staff were able to manually add Plan H as an option for any employee group that will offer employees the ability to participate in and contribute to a health savings account (HSA). The entity does not have to contribute to the HSA to allow an individual employee to select Plan H and contribute to an HSA. Please contact OEBB Member Services for assistance if you would like to have Plan H added as a medical plan option for any or all of your employee groups for the 2013-14 plan year. We can only allow the addition of Plan H at this time and only through July 31, 2013. It is important to note employees in groups that add Plan H at this time (beyond the 2013-14 plan selection period) will not receive information about the availability of this plan in their open enrollment materials or the Informed Enrollment Tool, but the plan will be an option when they log into MyOEBB to make their plan selections.

**Q:** What is the definition of a “high deductible health plan” in regards to a limited purpose HRA?

**A:** It is our understanding that a medical plan does not need to meet the definition of an HSA-compatible high deductible health plan when used with an HRA. OEBB will allow an entity to integrate an HRA with any of the medical plan options other than Moda Health Plan H.



## DIVISION 10

### DEFINITIONS

#### 111-010-0015

##### Definitions

Unless the context indicates otherwise, as used in OEBB administrative rules, the following definitions will apply:

(1) "Actuarial value" means the expected financial value for the average member of a particular benefit plan.

(2) "Adverse Benefit Determination" means a denial, reduction, or termination of, or a failure to provide or make payment (in whole or in part), for a benefit, including any such denial, reduction, termination, or failure to provide or make payment that is based on but not limited to:

(a) A determination of a member's eligibility to participate in the plan;

(b) A determination that the benefit is not a covered benefit; or

(c) A rescission of coverage, whether or not, in connection with rescission, there is an adverse effect on any particular benefit.

(3) "Affidavit of Domestic Partnership" means a document that attests the eligible employee and one other eligible individual meet the criteria in section (15)(b).

(4) "Benefit plan" includes, but is not limited to, insurance or other benefits including:

(a) Medical **(including non-integrated health reimbursement arrangements (HRAs))**;

(b) Dental;

(c) Vision;

(d) Life, disability and accidental death;

(e) Long term care;

(f) Employee Assistance Program Plans;

(g) Supplemental medical, dental and vision **coverages (including Integrated General Purpose and Integrated Post-Deductible health reimbursement arrangements (HRAs); and Limited Purpose, Post-Separation/Retiree, and Premium Only health reimbursement arrangements (HRAs))**;

(h) Any other remedial care recognized by state law, and related services and supplies;

(i) Comparable benefits for employees who rely on spiritual means of healing; and

(j) Self insurance programs managed by the Board.

(5) "Benefits" means goods and services provided under ~~benefit plans~~ Benefit Plans.

(6) "Board" means the ten-member board established in the Department of Administrative Services as the Oregon Educators Benefit Board under chapter 00007, Oregon Laws 2007.

(7) "Child" means and includes the following:

(a) An eligible employee's, spouse's, or domestic partner's biological son or daughter; adopted child; child placed for adoption; or legally placed child, who is 25 or younger on the first day of the month. An eligible employee must provide the required custody or legal documents to their Educational Entity showing proof of adoption, legal guardianship or other court order if enrolling a child for whom the employee, spouse, or domestic partner is not the biological parent. Grandchildren are only eligible when the eligible employee is the legal guardian or adoptive parent of the grandchild.

(b) A person who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. There is no age limit for a dependent child who is incapable of self-sustaining employment because of a developmental disability, mental illness, or physical disability. When the dependent child is 26 years of age or older all the following requirements must be met:

(A) The disability must have existed before attaining age 26.

(B) The employee must provide evidence to the Educational Entity or OEGB that (1) the person had health plan coverage, group or individual, prior to attaining age 26, and (2) health plan coverage continued without a gap until the OEGB health plan effective date.

(C) The person's attending physician must submit documentation of the disability to the eligible employee's OEGB health insurance plan for review and approval. If the person receives health plan approval, the health plan may review the person's health status at any time to determine continued OEGB coverage eligibility.

(D) The person must not have terminated from OEGB health plan coverage after attaining the age of 26.

(c) Eligibility for coverage under this rule includes people who may not be dependents under federal or state tax law and may require an Educational Entity to adjust an Eligible Employee's income based on the imputed value of the benefit.

(8) "Comparable cost (Medical, Dental and Vision)" means that the total cost to a district for enrollment in OEGB plans comparable in design to the district's plan(s) do not exceed the total cost to a district for enrollment in the district's plan(s) using the rate(s) in effect or proposed for the benefit plan year.

(9) "Comparable cost (Basic and Optional Life Insurance, Accidental Death & Dismemberment, and Short and Long Term Disability)" means that the premium rates of an OEGB plan design option do not exceed the average, aggregate premium rates of a district's pre-OEGB plan design in effect the year prior to implementation.

(10) "Comparable plan design (Medical, Dental and Vision)" means that the actuarial values of two plan designs are within 2.5 percent higher or lower of each other.

(11) "Comparable plan design (Basic and Optional Life Insurance and Accidental Death & Dismemberment)" means that 90 percent of district employees can obtain a maximum benefit through an OEGB plan design that is within \$2,500 of the maximum benefit obtained through a pre-OEGB plan design in effect the year prior to implementation.

(12) "Comparable plan design (Short and Long Term Disability)" means 90 percent of the district employees can obtain the same elimination period, percentage of covered compensation, definition of covered compensation, coverage period duration, and maximum payment per benefit period through an OEGB plan design as through a pre-OEGB plan design in effect the year prior to implementation.

(13) "Dependent" means and includes the eligible employee's spouse or domestic partner, or child as defined by OAR 111-010-0010(7), unless otherwise defined in another OEGB rule.

(14) "Documented district policies" means Educational Entities' policies and practices that apply to an employee group and are submitted to the Oregon Educators Benefit Board during the plan selection process. Educational Entities' policies and practices must be identified and submitted with the applicable employee group plan selections.

(15) "Eligible Domestic partner," unless otherwise defined by a collective bargaining agreement or documented district policy in effect on January 31, 2008, means and includes the following:

(a) An unmarried individual of the same sex who has entered into a "Declaration of Domestic Partnership" with the eligible employee that is recognized under Oregon law; or

(b) An unmarried individual of the same or opposite sex who has entered into a partnership that meets the following criteria:

(A) Both are at least 18 years of age;

(B) Are responsible for each other's welfare and are each other's sole domestic partners;

(C) Are not married to anyone and have not had a spouse or another domestic partner within the prior six months. If previously married, the six-month period starts on the final date of divorce;

(D) Share a close personal relationship and are not related by blood closer than would bar marriage in the State of Oregon;

(E) Have jointly shared the same regular and permanent residence for at least six months immediately preceding the date the Affidavit of Domestic Partnership is signed and submitted to the Educational Entity; and

(F) Are jointly financially responsible for basic living expenses defined as the cost of food, shelter and any other expenses of maintaining a household. Financial information must be provided if requested.

(G) The eligible employee and domestic partner must jointly complete and submit to the Educational Entity an Affidavit of Domestic Partnership form, within five business days of the electronic enrollment date or the date the Educational Entity received the enrollment/change form. If the affidavit is not received, coverage will terminate for the domestic partner retroactive to the effective date.

(c) The Eligible Employee must notify the Educational Entity within 31 days of meeting all criteria as defined in 111-010-0015 (15)(b) or obtaining the "Declaration of Domestic Partnership" which is recognized under Oregon law.

(d) Educational Entities' must calculate and apply applicable imputed value tax for domestic partners covered under OEGB benefit plans.

(16) "Educational Entity" means public school districts (K-12), education service districts (ESDs), community colleges and public charter schools participating in OEGB.

(17) "Eligible employee" means and includes an employee of an Educational Entity who is actively working or on paid or unpaid leave that is recognized by federal or state law, and:

(a) Is employed in a half time or greater position or is in a job-sharing position; or

(b) Meets the definition of an eligible employee under a separate OEGB rule or under a collective bargaining agreement or documented district policy in effect on January 31, 2008; or

(c) Is an employee of a community college who is covered under a collectively bargained contract and has worked a class load of between 25 percent and 49 percent for a minimum period of two years and is expected to continue to work a class load of at least 25 percent. Coverage is limited to medical to include Kaiser Medical Plan 2 4A (where available), **Moda Health Plan E, Moda Health Plan G, or Moda Health Plan H. Moda Health Plan H can only be elected if the eligible employee is eligible for and actively contributing to a Health Savings Account (HSA).** ~~ODS Medical Plan 8 and ODS Medical Plan 9.~~ The tiered rate structure will apply to all medical plans.

(18) "Eligible Early Retiree" means and includes a previously Eligible Employee who is:

(a) Not Medicare-eligible; or

(b) Under 65 years old; and

(A) Receiving a service or disability retirement allowance or pension under the Public Employees Retirement System (PERS) or under any other retirement or disability benefit plan or system offered by an OEGB participating organization for its employees;

(B) Eligible to receive a service retirement allowance under PERS and has reached earliest retirement age under ORS Chapter 238;

(C) Eligible to receive a pension under ORS 238A.100 to 238A.245 and has reached earliest retirement age as described in ORS 238A.165; or

(D) Eligible to receive a service retirement allowance or pension under another retirement benefit plan or system offered by an OEGB participating organization and has reached earliest retirement age under the plan or system.

(19) "Employee Group" means employees and early retirees of a similar employment type, for example administrative, represented classified, non-represented classified, confidential, represented licensed, or non-represented licensed, within an Educational Entity. If one or more collective bargaining unit exists within an employee group, each unit will be considered a separate employee group.

(20) "Flexible benefit plan" includes plans that allow contributions on a tax-favored basis including health savings accounts.

(21) "Health Reimbursement Arrangement (HRA)" means an account established and funded solely by the employer that can be used to pay for qualified health care expenses for eligible employees and their spouses and federal tax dependents, up to a maximum dollar amount for a coverage period, and any unused portion of the maximum dollar amount at the end of a coverage period is carried forward to increase the maximum reimbursement amount in subsequent coverage periods. This definition should be interpreted to comply with the guidelines established by the IRS for treatment of HRAs on a tax-favored basis in IRS Publication 969 and IRS Notice 2002-45. HRA includes, but is not limited to, the following:

(a) "Integrated General Purpose HRA" is an HRA that allows participants to be reimbursed for all IRS qualified expenses and is available only to eligible employees who are enrolled in an OEBB medical plan as the primary subscriber.

(b) "Integrated Post-Deductible HRA" is an HRA that allows participants to be reimbursed for expenses up to a certain amount, but only after the participants have met the annual deductible on an OEBB medical plan in which the employee participant is enrolled as the primary subscriber.

(c) "Limited Purpose HRA" is an HRA that allows participants to be reimbursed for only standard dental, vision, and orthodontia expenses and does not require the employee participant to be enrolled in an OEBB medical plan as the primary subscriber, or as a dependent.

(d) "Non-integrated HRA" is an HRA that allows participants to be reimbursed for all IRS qualified expenses when the employee participant is not enrolled in an OEBB medical plan as the primary subscriber.

(e) "Post-Separation/Retiree HRA" is an HRA that allows participants to be reimbursed for qualified expenses only after the employee separates/retires and does not require the employee participant to be enrolled in an OEBB medical plan as the primary subscriber, or as a dependent.

(f) "Premium Only HRA" is an HRA that allows participants to be reimbursed only for insurance premiums paid on an after tax basis, where the employee participant has no ability to pay the premium on a pre-tax basis and the HRA does not require the employee participant to be enrolled in an OEBB medical plan as the primary subscriber, or as a dependent.

(22) "Health Savings Account (HSA)" means a tax-exempt trust or custodial account that is set up with a qualified HSA trustee to pay or reimburse certain incurred medical expenses, as defined in 26 U.S.C. § 223(d) and IRS Publication 969.

(23) "High Deductible Health Plan (HDHP)" means a health plan that meets the criteria for a "high deductible health plan" as outlined in 26 U.S.C. § 223(c)(2). Enrollment in an HDHP is one of the requirements that must be met in order to qualify to contribute to a health savings account (HSA).

(24) "Members" means and includes the following:

(a) "Eligible employee" as defined by OAR 111-010-0015(17).

(b) "Child" as defined by OAR 111-010-0015(7).

(c) "Domestic Partner" as defined by OAR 111-010-0015(15).

(d) "Spouse" as defined by OAR 111-010-0015(~~3027~~).

(~~2522~~) "Non-subject District" means a community college not yet participating in benefit plans provided by the Oregon Educators Benefit Board, or a charter school whose employees are not considered employees of a school district.

(~~2623~~) "Oregon Educators Benefit Board or OEGB" means the program created under chapter 00007, Oregon Laws 2007.

(~~2724~~) "OEGB participating organization" means a Subject District, Non-subject District, or Provisional Non-subject District that participates in benefit plans provided by the Oregon Educators Benefit Board (OEGB).

(~~2825~~) "Provisional Non-subject District" means a common school district, a union high school district, or an education service district that:

(a) Was self-insured on December 31, 2006;

(b) Had an independent health insurance trust established and functioning on December 31, 2006; or

(c) Can provide comparable plan designs at a comparable cost as defined by sections (8) and (10) of this Rule.

(~~2926~~) "Qualified Status Change (QSC)" means a change in family or work status that allows limited mid-year changes to benefit plans consistent with the individual event.

(~~3027~~) "Spouse" means a person of the opposite sex who is a husband or wife. Except as provided in Oregon Constitution Article XV, Section 5a, a relationship recognized as a marriage in another state will be recognized in Oregon even though such a relationship would not be a marriage if the same facts had been relied upon to create a marriage in Oregon. The definition of spouse does not include a former spouse and a former spouse does not qualify as a dependent.

(~~3128~~) "Subject District" means a common school district, a union high school district, or an education service district that:

(a) Did not self-insure on January 1, 2007;

(b) Did not have a health trust in effect on January 1, 2007; or

(c) Does not provide comparable plan designs at a comparable cost as defined by sections (8) and (10) of this Rule.

# New Reports In 2013

- New report added to Report Mart
  - Opt\_Out\_and\_Waive (update)
  - Subscribers\_Who\_Selected\_Multiple\_Types
  - Subscriber\_Open\_Enrollment\_Activity




# Report Demo Overview




- Access Report Mart
- Subscriber\_Lock\_Out
- No\_Medical\_Dental\_or\_Vision\_2013
- Subscriber\_Open\_Enrollment\_Activity
- Entity\_Beneficiary\_Report
- Export Report
- Print Report



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★ ★ OEBB - Benefit Management System

 **MyOEBB**  
"Serving our members and their families"

Home | Contact Us | Help | Logout User: French-Admin Mary

**CRYSTAL\_REPORTS**

**OREGON EDUCATORS  
OEBB  
BENEFIT BOARD**

- ▶ System Codes
- ▶ Address Setup
- ▶ Contact Setup
- ▶ Security Setup
- ▶ Plan Management
- ▶ Contact Management
- ▶ Enrollment Management
- ▶ Enrollment Requests
- ▶ Member Management
- ▶ Document Management
- ▶ Utilities
- ▶ Home Page Alerts
- ▶ Reports
- ▶ BHS Interface
- ▶ Payroll Interface
- ▼ Report Mart
  - Setup Report
  - Reports

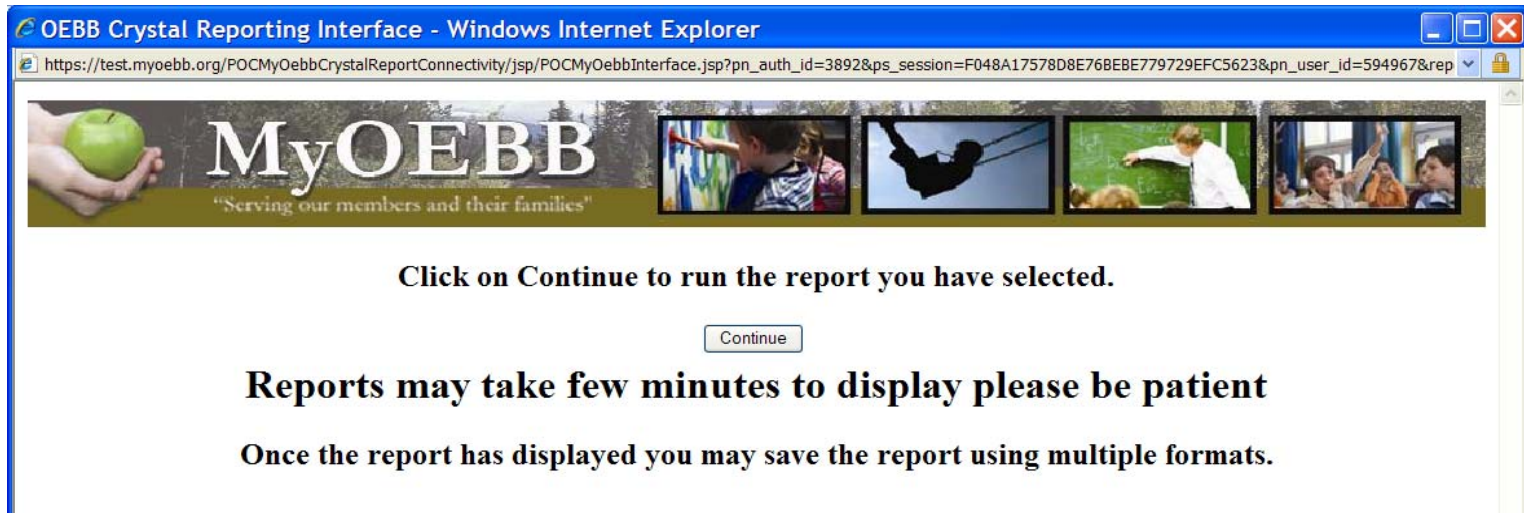
■ Name

■ Description

■ Entity Name  ■ Entity Number

- Access reports at: <https://myoebb.org/oebb/!bms.main>
- Locate report mart under the left hand navigation
- Subscriber\_Lock\_Out

# Run Report



- Click on continue
- Depending on the type of report you selected this process may take time, do not click continue a second time or it will start the process over again.

# Subscriber Lock-out Report Results

## Oregon Educators Benefit Board

### Subscriber Lock-Out Report

7/22/13

**1976 Bend-LaPine SD 1**

Enumber	First Name	Last Name	Status	Lock Reason
E#####	First Name	Last Name	L	You provided an incorrect answer to your secret question.
E#####	First Name	Last Name	L	Exceeded the maximum number of invalid login attempts

# No\_Medical\_Dental\_or\_Vision\_2013

Crystal Reports Viewer - Windows Internet Explorer

https://myoebb.org/POCMyOebbCrystalReportConnectivity/jsp/CrystalReportViewer.jsp

Main Report

## Oregon Educators Benefit Board

### Subscribers with no Medical, Dental, or Vision

7/22/2013

EMPLOYEE ENNUMBER	FIRST NAME	LAST NAME	EMPLOYMENT TYPE	MEMBER TYPE	MEDICAL	DENTAL	VISION
E00793565	YJXY2	YWZAJ5	Classified-Full Time	OEA - Salem-Keizer	No	No	No
E00625519	OJSSNKJW	XNRRTSX	Licensed-Full Time	OEA - Salem-Keizer	Yes	Yes	No
E00637139	HQDIJ	HQJAJSLJW	Retiree-Classified	Retiree/OEA - Salem-Keizer	No	No	No
E00636352	OJKKJWD	QNSI	Retiree-Licensed	Retiree/OEA - Salem-Keizer	Yes	No	Yes
E00630965	PFWJS	RTWWNXTS	Retiree-Licensed	Retiree/OEA - Salem-Keizer	Yes	No	Yes
E00650795	DFSNUF	WTFHM	Classified-Part Time	OEA - Salem-Keizer	No	No	No
E00648089	GWNFS	XPNQJX	Classified-Part Time	OEA - Salem-Keizer	No	No	No
E00650684	PFYMQJJS	GJSSJYY	Classified-Full Time	OEA - Salem-Keizer	No	No	No
E00650796	PWNYXF	RHNSYTXM	Licensed-Full Time	OEA - Salem-Keizer	No	No	No
E00650794	XZXFS	WNJPJ XRNVM	Administrator Licensed-Full Time	Thoe Represented - Salem-Keizer	No	No	No
E00650770	CNTRFWF	LZSUWXJS	Licensed-Full Time	OEA - Salem-Keizer	No	No	No
E00641308	INFSJ	JIBFWIX	Classified-Full Time	OEA - Salem-Keizer	No	No	No
E00650688	SFYFQNJ	FQYJWRFYF	Licensed-Part Time	OEA - Salem-Keizer	No	No	No
E00637871	PFYMQJJS	GJSHM-RFWYNS	Retiree-Licensed	Retiree/OEA - Salem-Keizer	No	Yes	Yes
E00638536	HMFQJX	XHMZRFHMJW	Retiree-Licensed	Retiree/OEA - Salem-Keizer	Yes	No	No
E00650698	LFDQJ	IZSITS	Classified-Full Time	OEA - Salem-Keizer	No	No	No
E00636252	PJQANS	IJJSFX	Classified-Full Time	OEA - Salem-Keizer	No	No	Yes
E00768913	UFYWNHP	RNQNLFS	Licensed-Full Time	OEA - Salem-Keizer	Yes	Yes	No
E00650762	CEWCEWE	KZOOJW	Classified-Full Time	OEA - Salem-Keizer	No	No	No

Done

Internet 100%

# Open Enrollment Activity

https://myoebb.org/POCMyOebbCrystalReportConnectivity/jsp/CrystalReportViewer.jsp

Group Tree | 1 / 4 | 100%

Main Report

## Oregon Educators Benefit Board

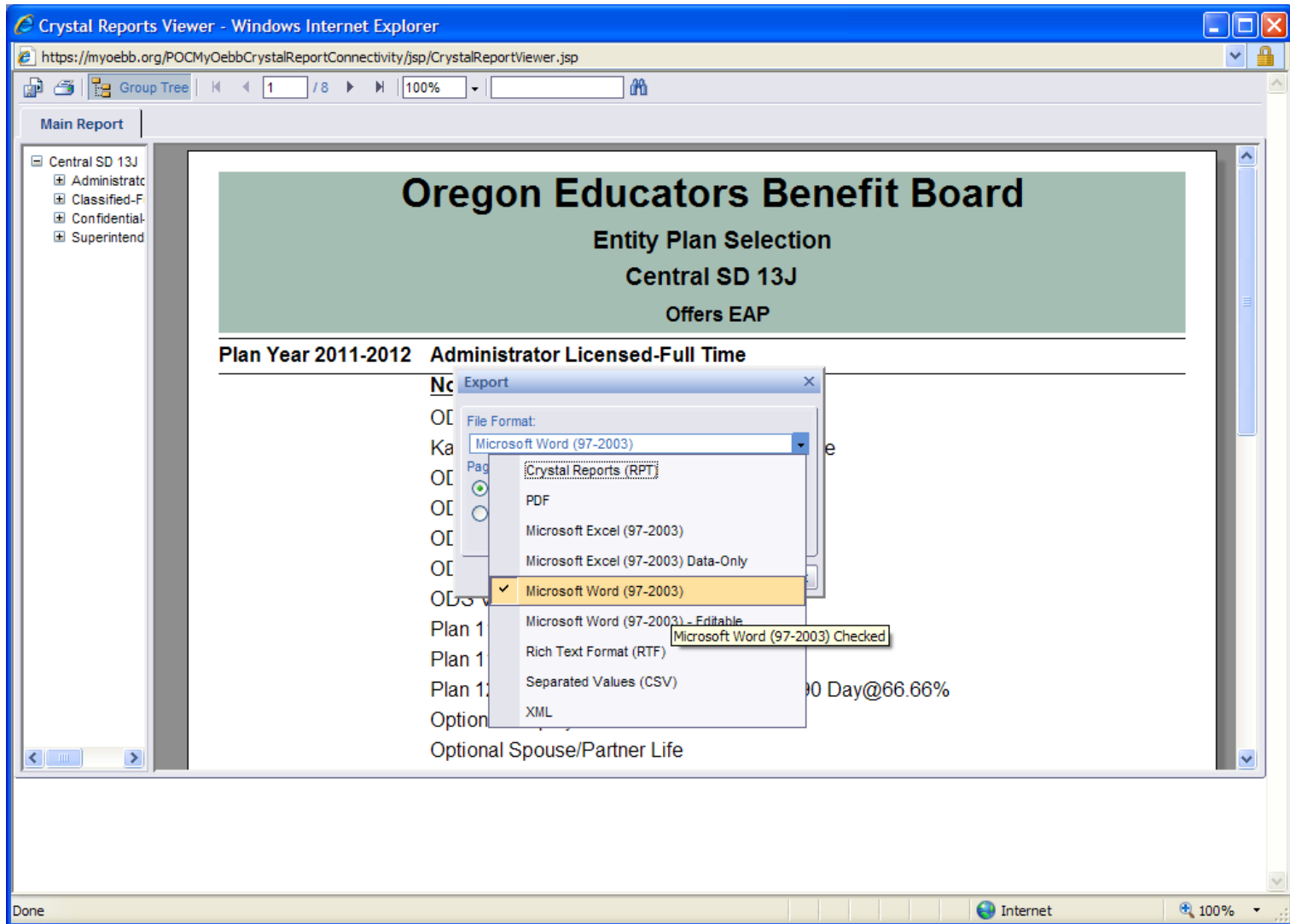
### Open Enrollment Subscriber Activity

07/22/2013

Entity Number: 2191      Entity Name: Central SD 13J

Sub Enum	First Name	Last Name	Gender	Birthdate	Age	Ethn	Medi care	Dep Elg	Elg Mod Date	Elg Mod by	Last Benefits Save Date	Login Date	Modified by	Enrollment Mod Date
	F	09/03/1948	64	N	N						07/19/2013	09/04/2012	ccarver	7/19/13
	F	06/02/1952	61	N	N			Y	9/8/11	swarren	07/19/2013	09/14/2012	ccarver	7/19/13
	F	11/10/1951	61	N	N						07/19/2013	09/13/2012	ccarver	7/19/13
	M	10/20/1955	57	N	Y						07/05/2013		ccarver	7/5/13
	F	05/09/1958	55	H	N						04/03/2013	09/09/2010	ccarver	4/3/13
	F	12/21/1978	34	N	N			Y	9/14/12	crystaljarama	07/19/2013	09/13/2012	ccarver	3/19/13
	F	12/06/1970	42	N	N						03/19/2013		ccarver	3/19/13
	F	03/23/1967	46	N	N						03/18/2013		ccarver	3/18/13
	M	08/22/1972	40	H	Y			Y	9/13/12	elisa3	02/27/2013	09/13/2012	ccarver	2/27/13
	F	03/13/1968	45	N				Y	9/15/11	j9holstad	02/15/2013	09/15/2011	ccarver	2/15/13
	F	11/13/1982	30	N	N						02/15/2013		ccarver	2/15/13
	F	12/23/1971	41	N	N						12/31/2012		ccarver	12/31/12
	F	02/12/1961	52	U				Y	9/14/11	Acedillo	11/16/2012	01/10/2012	ccarver	9/17/12
	M	07/19/1951	62	N	N						11/15/2012		ccarver	11/15/12
	F	12/29/1964	48	H	N			Y	9/13/12	oraliaojeda	10/02/2012	07/01/2013	ccarver	10/2/12
	F	09/13/1957	55	N	N						09/26/2012		ccarver	9/26/12
	F	09/07/1976	36	H							09/20/2012	09/14/2011	ccarver	9/20/12
	M	06/12/1964	49	R	N			Y	9/14/12	jasonc	09/19/2012	09/14/2012	ccarver	9/19/12
	M	04/23/1961	52	N				Y	9/5/11	labountypm	09/19/2012	09/05/2011	ccarver	9/19/12
	F	04/03/1975	38	N				Y	9/12/11	kjwonderly	09/19/2012	09/12/2011	ccarver	9/19/12
	F	01/23/1981	32	N	N			Y	8/29/12	dwithers@cedar	09/19/2012	09/10/2012	ROLLOVER	2012/10/12

# Print or Save



# Questions and Answers

# Conclusion

- Select Report from Report Mart
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- Print Report
- Contact OEBC Reports for Report Needs



# Contact Information

Direct Report Requests or Questions to:  
[oebb.reports@state.or.us](mailto:oebb.reports@state.or.us)

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Non-Report Questions

Contact OEGB Member Services toll-free at:

**1-888-4MyOEGB (1-888-469-6322)**

Email: [oebb.benefits@state.or.us](mailto:oebb.benefits@state.or.us)